## 2007-Jul-03 03:51 PM NXP I.P. Department 4084749082 PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 JUL 0 3 2007 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for the current correspondence for notifications. ppprop unless corrected bearing unless correct Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 06/27/2007 7590 . 65913 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in a envelope addressed to the Mail Stop ISSUE FEE address above, or being Resimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NXP, B.V. NXP INTELLECTUAL PROPERTY DEPARTMENT M/S41-SJ 1109 MCKAY DRIVE (Depositor's name **SAN JOSE, CA 95131** (Signoor 100 (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 7472 05/18/2005 William Donaldson US02 0455 US 10/535.554 TITLE OF INVENTION: INTEGRATED FLOATING POWER TRANSFER DEVICE WITH LOGIC LEVEL CONTROL AND METHOD ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUB APPLN. TYPE SMALL ENTITY 09/27/2007 \$1700 NO \$1400 S300 \$0 nonprovisional **CLASS-SUBCLASS** EXAMINER ART UNIT LAXTON, GARY L 363-060000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attemey or agent) and the names of up to 2 registered patent atterneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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